

For more information

To obtain MDPH forms for reporting cases of occupational disease and injury, educational materials for patients, or to find out more about your obligations under the reporting regulations, contact:

Occupational Health Surveillance Program
Massachusetts Department of Public Health
250 Washington Street, 6th Floor
Boston, MA 02108

Phone: 617-624-5632
Confidential Fax: 617-624-5696
www.mass.gov/dph/bhsre/ohsp/ohsp.htm

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Reporting
Occupational
Diseases
and Injuries

in Massachusetts

Health Care Providers' Responsibility
Under State Public Health Law



Occupational Health Surveillance Program
Massachusetts Department of Public Health

"Historically, many occupational hazards have first been brought to light by astute clinicians. By reporting cases of work-related disease, health care providers play a crucial role in protecting the health of working people."

David H.Wegman, M.D., Dean
School of Health and Environment
University of Massachusetts Lowell

All health care providers practicing in Massachusetts are required to report certain occupational diseases and injuries to the Massachusetts Department of Public Health (MDPH). Mandated reporters include physicians, nurses, interns, psychologists, and other licensed professionals. These reporting requirements are part of a national effort to document the incidence of occupational diseases, injuries, and exposures, with the goal of preventing work-related health problems. First passed in 1992 and updated in 2003, state public health regulations (105 CMR 300.000) require all health care providers to report the following diseases and injuries:

Occupational lung disease: asthma caused or aggravated by workplace exposures, asbestosis, silicosis, beryllium disease, and chemical pneumonitis.

Serious work-related traumatic injuries to persons less than 18 years

Work-related acute chemical poisoning: carbon monoxide poisoning, pesticide poisoning, and other poisoning believed to be related to exposures to chemicals at work.

Heavy metal absorption: mercury (blood ≥ 15 $\mu\text{g/L}$, urine ≥ 35 $\mu\text{g/gram creatinine}$), cadmium (blood ≥ 5 $\mu\text{g/L}$, urine ≥ 5 $\mu\text{g/gram creatinine}$), and any other case of heavy metal absorption believed to be related to exposures at work. (*Lead levels ≥ 15 $\mu\text{g/dl}$ in blood are reported by laboratories to the Department of Labor and Workforce Development's Occupational Lead Registry.*)

Clusters of cases of any work-related condition

Who must report cases?

Any health care provider who diagnoses or identifies a reportable condition must report the case to the Massachusetts Department of Public Health (MDPH). The health care provider may designate a staff person to complete the report.

What information must be reported?

- Your name, address and phone number;
- Your patient’s name, address, phone number, race, sex, date of birth, and occupation;
- The employer’s name, location, and type of business where the exposure or injury reportedly occurred;
- Confirmed or suspected diagnosis;
- Date of diagnosis; and
- The suspected hazard or exposure, if known.

How should cases be reported?

- By faxing or mailing a case report form.
Fax to: 617–624-5696
Mail to: MDPH, OHSP
250 Washington Street
6th Floor
Boston, MA 02108

Case report forms are available at:

<http://www.mass.gov/dph/bhrse/ohsp/crodi.pdf>

- Alternate forms or letters with required information are acceptable.
- By telephone 617-624-5632. After hours, messages may be left on the toll free hotline 800-338-5223.

How is confidentiality protected?

Patient identifying information is confidential and will not be disclosed without patient permission, except as authorized by law, or when necessary to correct an imminent danger. Only aggregate data are available to the public.

Is it a violation of HIPAA for a health care provider to report cases or provide medical information to MDPH?

No. Reporting to MDPH does not violate HIPAA because Massachusetts’ regulations (105 CMR 300.180) require reporting of these occupational diseases and injuries. HIPAA expressly authorizes health care providers to disclose protected health information, without written permission of the individual, to MDPH, the public health authority authorized to receive it (45CFR § 164.512(b)). More information on HIPAA is available from CDC at www.cdc.gov/mmwr/pdf/wk/mm52su01.pdf

Why should I report these cases?

The purpose of these reporting requirements is to identify workers at risk and potential workplace hazards that require preventive action. By reporting cases to MDPH, health care providers can play an important role in primary prevention of work-related health problems.

What happens after a case is reported?

Information is screened to determine whether immediate action is required. The health care provider may be contacted for consultation. In some cases, MDPH may request patient medical records or other information from the provider, as authorized by law (105 CMR 300.191).

In some cases, the patient may be contacted for a telephone interview about the conditions at work that contributed to the disease or injury. Only patients who provide informed consent are interviewed.

Worksite follow-up may be initiated after considering several factors: seriousness of the hazard; number of similar cases reported; advice of the reporting health care provider; and the wishes of the patient. If appropriate, workplace evaluations will be conducted by a federal, state or local agency.

Health care providers are informed of efforts made on behalf of their patients to reduce workplace hazards.

Data from case reports and follow-up interviews are periodically summarized to identify industries and occupations in which workers are at risk. This information is used to guide intervention activities.

What do reporting health care providers receive from MDPH?

- Results of any evaluation of your patient’s workplace.
- MDPH’s periodic occupational health bulletins and summaries of case data describing patterns of occupational disease and injury in Massachusetts.
- MDPH Resource Guide: Occupational Health Information and Services in Massachusetts.
- Educational materials for patients.
- Technical consultations, if requested.
- Presentation at grand rounds, conference and association meetings.

Reporting Guidelines (Select Conditions)

Report all suspected or confirmed cases of:

Work-related asthma

Any patient with a physician’s diagnosis of asthma AND an association between symptoms and work. Reportable cases include persons:

- newly sensitized by exposures at work, OR
- with pre-existing asthma exacerbated by exposures at work, OR
- for whom a one-time exposure to a chemical(s) at work resulted in generalized airway hyperactivity.

Serious work-related traumatic injury to a person less than 18 years of age

Any minor with a serious work-related traumatic injury, defined as an injury that results in death or hospitalization, or, in the judgment of the treating health care provider, results in:

- significant scarring or disfigurement;
- permanent disability;
- significant loss of consciousness;
- loss of body part or function; or
- a less significant injury but similar to injuries sustained by others at the same workplace.

Work-related acute chemical poisoning

Carbon Monoxide (CO) Poisoning

Any patient with a physician’s diagnosis of CO poisoning AND a history of occupational exposure to CO.

Pesticide Poisoning

Any patient with a physician’s diagnosis of acute systemic illness or subacute illness or condition (dermatologic, ophthalmologic, or systemic) due to pesticides; AND a history of occupational exposure to pesticides.

Other Acute Chemical Poisoning

Any patient with acute poisoning caused by occupational exposure to any other chemical (e.g. cyanide, hydrogen sulfide, chlorinated hydrocarbon solvents).